

Health Secretary Patricia Hewitt made the following statement in the House of Commons today:

Mr. Speaker, today we publish a White Paper outlining the Government's proposals for further improvements to health and social care services in the community.

We are nearly six years through a ten-year programme of NHS improvement, which has seen waiting lists dramatically reduced and more people treated faster and better than ever before. At the same time social care services have been supporting more elderly people than ever before to live at home and maintain their independence.

Our unprecedented investment in the NHS — made possible by strong economic management and our decision to ask people to pay increased national insurance contributions — means that by 2008 we will have caught up with the historic under-funding of the NHS, caught up with the healthcare funding of other European countries.

But what matters is not simply how much we spend, but where we spend it. As a nation, we invest less than comparable countries on preventing people becoming ill and less on services in the community. For instance, just 2% of our healthcare budget is devoted to prevention, half the level in Germany.

Mr Speaker, we all know that our health and wellbeing depends at least as much on what we do ourselves, as on what the NHS and social care services do for us.

As Sir Derek Wanless said in his landmark report on the future of the NHS, people need to be 'fully engaged' in their own health if we are to offset the challenges posed by an ageing population and ensure the sustainability of the NHS and social care.

So the views of the public themselves were the starting-point for this White Paper.

Firstly, over 100,000 people responded to the consultation on the Green Paper on adult social care, *Independence, Well-being and Choice*. Then we embarked on the innovative *Your health, your care, your say* public engagement programme, which culminated in a 1,000-strong Citizens' Summit in Birmingham.

Four themes emerged very clearly from our public consultation. We need more emphasis on prevention, with earlier intervention. We need to give people more choice and more say in the services they receive. We need to provide more support for those who need it most - people with long-term needs. And we need to do more to tackle inequalities and provide more services within local communities.

Prevention

Mr Speaker, the White Paper makes clear our desire to focus on prevention. It outlines the work now being done in the Partnerships for Older People Pilots to help older people remain independent. And it sets out our commitment to large scale pilots, covering at least 1 million people, where health and care services will work closely together, with intensive use of new technologies —including remote monitoring of people's conditions in their own homes — to improve people's well-being and dramatically reduce emergency hospital admissions. These pilots will provide further evidence of the benefits of new approaches, helping the NHS and local authorities to spread best practice faster.

Of all the proposals that came to us from the public themselves, the most popular was the idea of a 'health MOT'. We have responded to that by setting out in the White Paper our proposal for an NHS "Life

check” at key points in people’s lives. The NHS “Life check” will ask people about their lifestyle and family history, with a follow-up from a health trainer — and if necessary a nurse or GP - for people in high risk categories. We will pilot the new health check, starting with parents of very young children and people in their early 50s and introducing it initially in the areas with the worst health inequalities where we can make the biggest difference.

People also said they wanted more emphasis on mental well-being. This White Paper sets out how we will improve mental wellbeing through greater use of psychological therapies, through a focus on mental wellbeing in preventative work with older people and through giving people more information and support on how to stay mentally and emotionally well.

More choice and more say

Mr Speaker, by giving people more choice and more say in the services they use, we will ensure that people themselves are the main drivers of service improvement and that services become increasingly personal, built around the different needs of different individuals and communities.

In theory, people have always been able to choose their GP. We will make that choice a reality for far more people, by simplifying the registration system and giving people more information about the services available in their area. Starting from April this year, the GP contract will link an element of GPs’ pay to patients’ satisfaction with the practice - including the appointments system - providing a real incentive for more convenient opening times.

In social care, we will increase the take-up of direct payments by introducing legislation to extend their availability at the earliest opportunity.

More support for people with long-term needs

And we will pilot the introduction of individual budgets, bringing together several different income streams from social care, community equipment, independent living funds and other programmes, so that individuals can get the services they need, in the way they want them.

Mr Speaker, those who make most use of our health and social care services are those with long-term needs — frail elderly people, those with serious disabilities, or people with long-term conditions such as asthma and diabetes.

Many of these people need the support of several organisations, but are frustrated that too often, different agencies seem to work in isolation.

We know that it makes sense for everybody if the local NHS and the local authority work together. For instance, if elderly people’s homes are adapted to reduce the risk of a fall, they are less likely to end up in hospital. If proper rehabilitation occurs after an operation, then the patient is less likely to need social care.

By giving local authorities and the NHS stronger incentives to work together, we have already reduced the number of patients staying in hospital because no arrangements are in place to support them in the community.

Now we will strengthen this joint working, by introducing a single assessment of health and care needs and a joint care plan for people with the most complex needs. By 2008, we will expect Primary Care Trusts and local authorities to establish joint health and social care teams. A common budgetary and planning system will also support more organisations in jointly commissioning services.

Mr Speaker, six million people care for relatives or friends with long term needs. Many carers have to reduce or give up their own work and their own health suffers. This White Paper makes clear our commitment to carers. In particular, we will ensure that short-term, home-based respite support is established for carers, to deal with emergencies. And in response to what carers themselves have told us, we will establish an Expert Carers Programme, similar to the Expert Patients Programme, to support carers with the skills they need in looking after their own health and that of the person they care for.

Tackling inequalities and more local services

Mr Speaker, despite the fact that we have 4300 more GPs than in 1997, there are still fewest in the poorest areas that need them most.

This White Paper will ensure that in the future care is matched to need. We will tackle this inequality in two ways.

First, over the next two years as NHS funding continues to increase by unprecedented amounts, we will ensure that as every area gets more, those who need it most get the most. By moving traditionally under-funded areas rapidly towards target, by 2008, when average NHS funding will be £1,388 per head, PCTs in the worst-off areas will be receiving £1,552 per person.

Second, we will ensure that where people are dissatisfied with the care they receive and lack choice, PCTs will bring in additional primary care services. Already, in six under-doctored areas —including inner-city communities in Barking and Bradford — we are supporting the local NHS to bring in new providers who will offer extended opening hours and a full range of services. Whether services are organised by traditional GPs, by nurse practitioners, by private firms or by social enterprises and the not-for-profit sector, the test will be simple: to get the best services for patients, with the best value for money, all free at the point of need in accordance with the founding principles of the NHS.

Mr Speaker, modern medical technology makes it possible to deliver in people's homes or neighbourhoods, healthcare that in the past was only available in hospitals. A kidney patient can now receive dialysis in a local health centre or even their own home. Minor surgery can be done in a well-equipped GP practice or a community hospital.

Compared with Germany, where most outpatient appointments take place in local health polyclinics, we continue to expect most outpatients to travel to an acute hospital. As part of our strategy to provide care more conveniently, closer to the patient, with better value for money, we will be working with the Royal Colleges to demonstrate how far more outpatient care and day-case procedures in medical specialties such as Ear, Nose and Throat and dermatology can be carried out in the community, whilst maintaining high clinical standards.

Mr Speaker, we have already opened or are building 79 new acute hospitals, with more to come. Now we will develop a new generation of community hospitals - modern facilities, with the latest diagnostic technology, able to provide a full range of outpatient and day-case treatment, and in many cases with intermediate beds as well.

In some cases, PCTs are planning to close local cottage hospitals. Where these closures are due to facilities that are clinically not viable or which local people do not want to use, then local reorganisation is right. But community facilities that are needed for the long term must not be lost in response to short-term

budgetary pressures. So we will expect PCTs to reconsider such proposals against the principles of this White Paper.

Mr Speaker, this White Paper marks a strategic shift in how we provide care, out of acute hospitals into community settings, with more investment in prevention and far better management of long-term conditions.

People have talked for decades of a primary care-led NHS. We will now deliver it. Because of our reforms — stronger PCTs, Practice Based Commissioning and Payment by Results — more work than ever before will be done locally. As NHS budgets continue to increase, in future more of the growth money will go into community services.

Mr Speaker, this White Paper sets out a vision for health and social care that will give people more choice and more control over their health and well-being and the services that support them. It is the next stage in creating an NHS that is truly patient-led — fair to all, but increasingly personal to each.

I commend it to the House.